



OFFICE OF JUVENILE JUSTICE
Evidence Property Receipt
 IS Case # _____

Receiving Unit: (i.e. Investigative Services)		Location of Receiving Unit: (i.e. BCY)	
Name/Title of Person from Whom Received:		Name/Title of Recipient:	
Phone # of Facility: ()		Location Where Item was Obtained: (be specific)	
Purpose for Which Obtained: <input type="checkbox"/> Evidence <input type="checkbox"/> Found <input type="checkbox"/> Contraband <input type="checkbox"/> Other			
Date Item Obtained: (mm/dd/year)		Time Item Obtained: (am/pm)	
Item Obtained:	Quantity Obtained:	Item Description: (Model #, Serial #, Identifying Marks, Condition, etc.)	
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OFFICE OF JUVENILE JUSTICE
Evidence Property Receipt
CHAIN OF CUSTODY
IS Case # _____

Item Description	Date/Time (mm/dd/year & am/pm)	Released by: (Name/Title)	Received by: (Name/Title)	Purpose

Final Disposal Action:

Final Disposal Authority: (Name/Title)

Persons Conducting / Witnessing Destruction:

1. _____ (Name/Title)

2. _____ (Name/Title)

3. _____ (Name/Title)

REMARKS: (Describe destruction / disposition)